



City of Arts & Innovation

**CITY OF RIVERSIDE
2016 RETIREE
HEALTH, VISION and DENTAL**

PROVIDER/COVERAGE CATEGORY	MONTHLY MEDICAL PREMIUM	MONTHLY VISION PREMIUM	TOTAL (RAW) MONTHLY PREMIUM	TOTAL MONTHLY PREMIUM*
Kaiser Permanente HMO 15 RETIREE Under 65				
Single	\$521.46	\$6.64	\$528.10	\$538.66
2-Party	\$1,053.34	\$9.50	\$1,062.84	\$1,084.10
Family	\$1,407.92	\$17.00	\$1,424.92	\$1,453.42
Kaiser Permanente HMO 30 RETIREE Under 65				
Single	\$472.12	\$6.64	\$478.76	\$488.34
2-Party	\$953.66	\$9.50	\$963.16	\$982.42
Family	\$1,274.70	\$17.00	\$1,291.70	\$1,317.53
Kaiser Permanente HMO 10 - 65+ RETIREE				
Subscriber (M)**	\$195.72	\$6.64	\$202.36	\$206.41
Subscriber (M) + Spouse (M)	\$391.48	\$9.50	\$400.98	\$409.00
Subscriber (M) + Spouse (NM<65)**	\$727.60	\$9.50	\$737.10	\$751.84
Subscriber (M) + Spouse (NM >65)	\$1,408.64	\$9.50	\$1,418.14	\$1,446.50
Subscriber (NM<65) + Spouse (M)	\$717.22	\$9.50	\$726.72	\$741.25
Subscriber (M) + Spouse (M) + Child (NM)	\$746.06	\$17.00	\$763.06	\$778.32
Subscriber (M) + Spouse (NM<65) + Child (NM)	\$1,082.18	\$17.00	\$1,099.18	\$1,121.16
Subscriber (NM<65) + Spouse (M) + Child (NM)	\$1,071.80	\$17.00	\$1,088.80	\$1,110.58
Subscriber (NM<65) + Spouse (NM+65)	\$1,734.38	\$9.50	\$1,743.88	\$1,778.76
Subscriber (NM +65)	\$1,212.92	\$6.64	\$1,219.56	\$1,243.95
Subscriber (NM+65) + Spouse (NM+65)	\$2,425.84	\$9.50	\$2,435.34	\$2,484.05
Subscriber (NM+65) + Spouse (NM+65) + Child (NM)	\$2,780.42	\$17.00	\$2,797.42	\$2,853.37
Subscriber (Part A Only +65)	\$899.90	\$6.64	\$906.54	\$924.67
Kaiser Permanente HMO 15 - 65+ RETIREE				
Subscriber (M)	\$157.00	\$6.64	\$163.64	\$166.91
Subscriber (M) + Spouse (M)	\$314.00	\$9.50	\$323.50	\$329.97
Subscriber (M) + Spouse (NM<65)	\$638.54	\$9.50	\$648.04	\$661.00
Subscriber (M) + Spouse (NM >65)	\$1,322.44	\$9.50	\$1,331.94	\$1,358.58
Subscriber (NM<65) + Spouse (M)	\$629.12	\$9.50	\$638.62	\$651.39
Subscriber (M) + Spouse (M) + Child (NM)	\$635.04	\$17.00	\$652.04	\$665.08
Subscriber (M) + Spouse (NM<65) + Child (NM)	\$959.58	\$17.00	\$976.58	\$996.11
Subscriber (NM<65) + Spouse (M) + Child (NM)	\$950.16	\$17.00	\$967.16	\$986.50
Subscriber (NM<65) + Spouse (NM+65)	\$1,637.56	\$9.50	\$1,647.06	\$1,680.00
Subscriber (NM+65)	\$1,165.44	\$6.64	\$1,172.08	\$1,195.52
Subscriber (NM+65) + Spouse (NM+65)	\$2,330.88	\$9.50	\$2,340.38	\$2,387.19
Subscriber (NM+65) + Spouse (NM+65) + Child (NM)	\$2,651.92	\$17.00	\$2,668.92	\$2,722.30
Subscriber (Part A Only +65)	\$852.44	\$6.64	\$859.08	\$876.26

RATES ARE SUBJECT TO CHANGE.

*Includes 2% Administrative Fee

**M=Medicare; NM= No Medicare



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Blue Cross HMO 15 RETIREE Under 65				
Single	\$632.40	\$6.64	\$639.04	\$651.82
2-Party	\$1,280.04	\$9.50	\$1,289.54	\$1,315.33
Family	\$1,767.96	\$17.00	\$1,784.96	\$1,820.66
Blue Cross HMO 20 RETIREE Under 65				
Single	\$535.94	\$6.64	\$542.58	\$553.43
2-Party	\$1,084.38	\$9.50	\$1,093.88	\$1,115.76
Family	\$1,497.10	\$17.00	\$1,514.10	\$1,544.38
BC PPO RETIREE und 65, Blue Card RETIREE Under 65				
Single	\$876.62	\$6.64	\$883.26	\$900.93
2-Party	\$1,753.38	\$9.50	\$1,762.88	\$1,798.14
Family	\$2,236.18	\$17.00	\$2,253.18	\$2,298.24
Blue Cross HMO 15 RETIREE with Medicare A&B				
Single	\$684.00	\$6.64	\$690.64	\$704.45
2-Party	\$1,384.46	\$9.50	\$1,393.96	\$1,421.84
Family	\$1,912.20	\$17.00	\$1,929.20	\$1,967.78
Blue Cross HMO 15 RETIREE without Medicare A&B				
Single	\$1,065.16	\$6.64	\$1,071.80	\$1,093.24
2-Party	\$2,155.84	\$9.50	\$2,165.34	\$2,208.65
Family	\$2,977.32	\$17.00	\$2,994.32	\$3,054.21
Blue Cross HMO 20 RETIREE with Medicare A&B				
Single	\$577.26	\$6.64	\$583.90	\$595.58
2-Party	\$1,167.86	\$9.50	\$1,177.36	\$1,200.91
Family	\$1,612.42	\$17.00	\$1,629.42	\$1,662.01
Blue Cross HMO 20 RETIREE without Medicare A&B				
Single	\$930.36	\$6.64	\$937.00	\$955.74
2-Party	\$1,882.24	\$9.50	\$1,891.74	\$1,929.57
Family	\$2,598.82	\$17.00	\$2,615.82	\$2,668.14
BC PPO RETIREE w/Med A&B or Blue Card Out-of-State w/Med A&B				
Single	\$1,079.64	\$6.64	\$1,086.28	\$1,108.01
2-Party	\$2,159.46	\$9.50	\$2,168.96	\$2,212.34
Family	\$2,754.08	\$17.00	\$2,771.08	\$2,826.50
BC PPO RET w/out Med A&B or BlueCard Out-of-State w/out Med A&B				
Single	\$1,419.29	\$6.64	\$1,425.93	\$1,454.45
2-Party	\$2,838.83	\$9.50	\$2,848.33	\$2,905.30
Family	\$3,620.54	\$17.00	\$3,637.54	\$3,710.29

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Delta Dental DPO RETIREE				
Single	\$65.82	N/A	\$65.82	\$67.14
2-Party	\$119.44	N/A	\$119.44	\$121.83
Family	\$168.18	N/A	\$168.18	\$171.54
Delta Care Dental PMI/DHMO RETIREE				
Single	\$20.62	N/A	\$20.62	\$21.03
2-Party	\$31.24	N/A	\$31.24	\$31.86
Family	\$46.52	N/A	\$46.52	\$47.45
Local Advantage Dental Plan RETIREE				
Single	\$65.82	N/A	\$65.82	\$67.14
2-Party	\$119.44	N/A	\$119.44	\$121.83
Family	\$168.18	N/A	\$168.18	\$171.54

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